## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

30256

APPLICATION NO.

7590

PATENT DEPARTMENT ONE MARITIME PLAZA, SUITE 300 SAN FRANCISCO, CA 94111-3492

SQUIRE, SANDERS & DEMPSEY L.L.P.

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

FILING DATE

03/08/2007

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

> Certificate of Mailing or Transmission I hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.

> > ATTORNEY DOCKET NO.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

(Depositor's na (Signature (Date)

CONFIRMATION NO.

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of manienance fees will be mailed to the current correspondence indicated unless corrected below or directed otherwise in Block I, by also specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FIRST NAMED INVENTOR

10/682,655	10/08/2003		Brian Yen		51861.00009	8257
TITLE OF INVENTIO ANALYSIS	N: APPARATUS AND	METHOD FOR PATT	ERN DELIVERY OF R	ADIATION AND BIOL	OGICAL CHARACTER	ISTIC
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	06/08/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
WINAKUR, ERIC FRANK 3768			600-318000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.6a) Change of correspondence address (or Change of Correspondence Address from PIOSBI 123 attached.  Tee Address indication (or "Fee Address" Indication form PTOSBI 17), now 10-2 or more recent) attached. Use of a Customer Number Is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents 08, alternatively, (2) the name of a single firm (having as a member ageistered attorney or agent) and the names of up to			
			2 registered patent atto listed, no name will be	meys or agents. If no nam printed.	ie is 3	
	less an assignce is ident th in 37 CFR 3.11. Comp		THE PATENT (print or type data will appear on the part a substitute for filing an (B) RESIDENCE: (CITY			ment has been filed for
Please check the appropriate of the second o			inted on the patent):			
			□ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. ② The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0150 (enclose an extra copy of this form).			
5. Change in Entity Sta	itus (from status indicate as SMALL ENTITY state	d above) us. See 37 CFR 1.27.		ger claiming SMALL EN	TITY status. Sec 37 CFR	1.27(g)(2).
Authorized Signature	/Aaron Wininge	er, Reg. No. 45,229/		Date 03/21/2007		
Typed or printed name Aaron Wininger			Registration No. 45,229			
Alexandria, Virginia 22.	013-1430.		on is required to obtain or a 1.14. This collection is est depending upon the individual of the Chief Information Office COMPLETED FORMS TO			
Under the Paperwork Re	duction Act of 1995, no	persons are required to re	spond to a collection of inf	ormation unless it display	s a valid OMB control nui	moer.

OMB 0651-0033